

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 3/7/2008

Address: RR1 Box 169

Case #: 33-28385

Lyons, IN 47743

County: Greene

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: through out residence
☒ Water Reactive Metal (Lithium): Kitchen
☐ Anhydrous Ammonia: _____
☐ Hydrochloric Acid Gas Generator(s): Through out residence
☐ Corrosive Acid: through out residence
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: Informant

This report is to be faxed to the following agencies that serve the location:

Fire Department: Washington Twp

Fax: Hand delivered

Health Department: Greene Co

Fax: 812-384-2037

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Jon Patrick

Phone 812-332-4411

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.